



Atty. Dkt. No. 053466-0401

1 Feb
Liu

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Yong KWEE, et al.

Title: HM1.24-UTILIZING CANCER VACCINES

Appl. No.: 10/533,104

International Filing Date: 10/30/2003

371(c) Date: 4/28/2005

Examiner: Hong SANG

Art Unit: 1643

Confirmation Number:

5920

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	Extra Claims Present		Rate	\$	Claims Fee
			=	x			
Total Claims:	12	-	20	=	0	x \$52.00	\$0.00
Independent Claims:	2	-	3	=	0	x \$220.00	\$0.00
First presentation of any Multiple Dependent Claims:				+	\$390.00	=	\$0.00
					CLAIMS FEE TOTAL	=	\$0.00

02/05/2009 AVONDAF1 00000046 10533104

01 FC:1251

130.00 OP

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/> Extension for response filed within the first month:	\$130.00	\$130.00
<input type="checkbox"/> Extension for response filed within the second month:	\$490.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,110.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,730.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,350.00	\$0.00
	EXTENSION FEE TOTAL:	\$130.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$140.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:	\$130.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
	Extension Fees Previously Paid:	\$0.00
	TOTAL FEE:	\$130.00

A credit card payment form in the amount of \$130.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

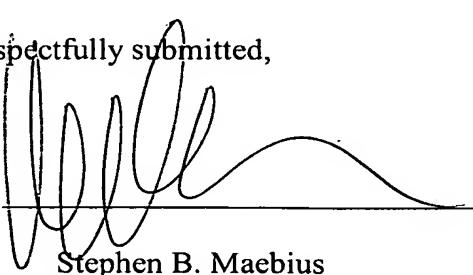
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Date February 4, 2009

FOLEY & LARDNER LLP
Customer Number: 22428
Telephone: (202) 672-5569
Facsimile: (202) 672-5399

Respectfully submitted,

By


Stephen B. Maebius
Attorney for Applicant
Registration No. 35,264

Feb 55600